FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

FILED

| (1) Ernest O. Glasner Jr. #09452 -027 | JAN 1 0 2018 |
|--|---|
| (1) Ernest O. Glasper Jr. *09452 -027 (Name of Plaintiff) (Inmate Number) | |
| (Address) Smu P.O. Box 1000 Lewisburg PA | PerDERVIY CLERK |
| (2) | 1 10 10 |
| (Name of Plaintiff) (Inmate Number) | (Case Number) |
| (Address) | |
| (Each named party must be numbered, and all names must be printed or typed) | |
| vs. | CIVIL COMPLAINT |
| (1) Federal Prison Guard Murray | |
| (2) Andrew Edinger, MD : | • |
| (1) Federal Prison Guard Murray (2) Andrew Edinger, MD (3) Federal Prison Guard Moyer (Names of Defendants) | |
| (Each named party must be numbered, : and all names must be printed or typed) : | |
| TO BE FILED UNDER: 42 U | |
| 28 U.S | S.C. § 1331 - FEDERAL OFFICIALS |
| I. PREVIOUS LAWSUITS | |
| A. If you have filed any other lawsuits in feder number including year, as well as the nam | ral court while a prisoner, please list the caption and case e of the judicial officer to whom it was assigned: |
| | |
| | |
| | |
| | |
| | |

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

| | | der to proceed in federal court, you must fully exhaust any available administrative remedies as to ground on which you request action. |
|-------|---------|---|
| | A. | Is there a prisoner grievance procedure available at your present institution?YesNo |
| | В. | Have you fully exhausted your available administrative remedies regarding each of your present claims?No |
| | C. | If your answer to "B" is Yes: |
| | | 1. What steps did you take? BP 8, BP 9, BP 10, and BP 11. Also FTCA |
| | | authorized by 28 U.S.C. Section 1346. |
| | | 2. What was the result? The administrative remedies were never |
| | | responsed back to and the FTCA was devied and given & month to File |
| | D. | If your answer to "B" is No, explain why not: |
| m. | DEF | ENDANTS |
| | | Same of first defendant: Officer Murray |
| | (2) N | Imployed as <u>Federal Prison Guard</u> at <u>Lewisburg Penitentiary</u> Mailing address: <u>Lewisburg Penitentiary</u> P.D. Box 1600 Lewisburg PA, 17837 Name of second defendant Andrew Edinger, MA |
| | E | imployed as Medical Doctor at Clewishura Penitentian |
| | (3) N | Name of third defendant: Officer Moyer |
| | E | imployed as Federal Prison Guard at Lewisburg Pontentiary |
| | 10 | (List any additional defendants, their employment, and addresses on extra sheets if necessary) |
| IV. S | | EMENT OF CLAIM |
| dat | tes and | ere as briefly as possible the facts of your case. Describe how each defendant is involved, including places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three if necessary.) |
| | | • • |

Officer Mucrosy Storted this civil action by Fabicating incident report on Feb 25, 2016 against Plaintiff in X block, Protective custoay unit in Lewisburg Smu Program Officer Murray breach his duty with

Negligence by lying about seightaintiff swollow green or blue object.

- 2. <u>Dr. Edinger was negligent with medical assessement an March 14, 2016</u>

 in Lewisburg SMU medical Station. Dr. Edinger saw blood and a tear

 in Plaintiffs rectum and did not follow the medical policy with is not

 discretionary.
- 3. Officer Moyer was Negligent when he failed to use seasonable care. In G block of Lewisburg Smu on Feb 26, 2016 Officer Moyer searched my rectum by inserting his latex gloved fingers. Prison Lt.s ordered Officer Moyer to do so. My rectum was damaged.

V. RELIEF

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

- 1. First I Ernest Glasger don't want to be retailated against in no form or fastion by Lewisburg Prison Guards or administration, for filang FTCA in court.
- 2. Second I want all incident reports Fabricated against me expunged, and transferred from Lewisburg Smu program.
- 3. Third I would like to be compensated in the arount of # 30.000 U.S. dollars, for my injury and pain and Suffering, also to include court cost if possible.

Plaintiff will let the court decide relief in Bivens.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this May day of Friday 18, 2017.

(Signature of Plaintiff)

| 011 | 1 | 1 |
|-------|----|-----|
| Attac | hm | eNT |

Defendant(s)

- 1.) Prison Guard Murray
- 2.) Andrew Edinger MD.
- 3.) Prison Guard Moyer
- 4.) United States.

Has Not be able get prison guard Murray full Name or prison guard moyer full Name.

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

UNITED STATES DISTRICT COURT

for the

| MIDDLE Distr | ict of PENNSYLVANIA |
|---|---|
| | _ Division |
| Ernest D. Closper Tr. Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) -v- Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) | Case No. (to be filled in by the Clerk's Office) Jury Trial: (check one) Yes No |
| | D A CINIH CASE |

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

| Name | truest D.Glasper Ur. | |
|--------------------|---------------------------------------|--|
| Street Address | Fruest D.Glasper Or. P.O. Box 1000 | |
| City and County | Lewisburg SMU U.S.P. | |
| State and Zip Code | PENNSYLVANIA 17837 | |
| Telephone Number | N/A | |
| E-mail Address | N/A | |
| | | |

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

| Pro Se 1 (Rev. 12/16) Complaint for a Civil Case | |
|--|--|
| Defendant No. 1 | |
| Name | Murray |
| Job or Title (if known) | Federal Correctional Guard |
| Street Address | P.O. Box 1000 |
| City and County | U.S.P. Cewisburg Smu |
| State and Zip Code | PENNSYLVANIA 0 17837 |
| Telephone Number | N/A |
| E-mail Address (if known) | N/A |
| Defendant No. 2 | · |
| Name | Andrew Edinger |
| Job or Title (if known) | Andrew Edinger Medical Doctor |
| Street Address | P.O. Box 1000 |
| City and County | United States Penitentiary Lewisburg Smi |
| State and Zip Code | United States Penitentiary Lewisburg Smu Pennsylvania 17837 |
| Telephone Number | NA |
| E-mail Address (if known) | N/A |
| Defendant No. 3 | • |
| Name | Moyer |
| Job or Title (if known) | Federal Correctional Guard |
| Street Address | P.O. Box 1000 |
| City and County | U.S.P. Lewisburg Smu |
| State and Zip Code | Pennstuania 178307 |
| Telephone Number | NIA |
| E-mail Address (if known) | N/A |
| Defendant No. 4 | |
| Name | |
| Job or Title (if known) | |
| Street Address | |
| City and County | |
| State and Zip Code | |
| Telephone Number | |
| E-mail Address (if known) | |

| Pro Se 1 (| Rev. 12/16) | Complaint for a | Civil Case |
|------------|-------------|-----------------|------------|
|------------|-------------|-----------------|------------|

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

| Wha | | asis for eral que | federal court jurisdiction? (check all that apply) stion Diversity of citizenship | |
|--------|---------------|----------------------------------|--|---|
| Fill c | out the pa | aragrapl | s in this section that apply to this case. | |
| A. | If the | e Basis i | for Jurisdiction Is a Federal Question | |
| | List to are a | the speci tissue in U.S. C | ific federal statutes, federal treaties, and/or provisions of the United this case. FTCA in Federal Court under 29 U.S. & 2675. Negligence, Bivens combined to the state of th | ed States Constitution that S.C. & 2401(b) and FTCA claim in one constitution that |
| B. | If the | e Basis i | for Jurisdiction Is Diversity of Citizenship | |
| | 1. | The l | Plaintiff(s) | |
| | | a. | If the plaintiff is an individual | |
| | | | The plaintiff, (name) | , is a citizen of the |
| | | | State of (name) | |
| | | b. | If the plaintiff is a corporation | |
| | | | The plaintiff, (name) | , is incorporated |
| | | | under the laws of the State of Aures | , |
| | | | and has its principal place of business in the State of (name) | |
| | | | ore than one plaintiff is named in the complaint, attach an additio information for each additional plaintiff.) | nal page providing the |
| | 2. | The l | Defendant(s) | |
| | | a. | If the defendant is an individual | |
| | | | The defendant, (name) | , is a citizen of |
| | | | the State of (name) | . Or is a citizen of |
| | | | (foreign nation) | |

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

| | The defendant, (name) | is incomparated we |
|----|--|-----------------------------|
| | | , is incorporated ur |
| | the laws of the State of (name) | , and has |
| | principal place of business in the State of (name) | |
| | Or is incorporated under the laws of (foreign nation) | |
| | and has its principal place of business in (name) | |
| | (If more than one defendant is named in the complaint, attach a same information for each additional defendant.) | n additional page providing |
| | | n additional page providing |
| 3. | same information for each additional defendant.) The Amount in Controversy | |
| 3. | same information for each additional defendant.) | lefendant owes or the amou |
| 3. | same information for each additional defendant.) The Amount in Controversy The amount in controversy—the amount the plaintiff claims the controversy—the con | lefendant owes or the amour |
| 3. | same information for each additional defendant.) The Amount in Controversy The amount in controversy—the amount the plaintiff claims the controversy—the con | lefendant owes or the amou |

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiffs rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

This is a FTCA Claim for negligence. FTCA lawsuit in federal court under 28 U.S.C. § 2401(b) and 28 U.S.C. § 2475(a) can be used to sue the United States for actual (money) damages to compensate Plaintiff.

1. Officer Munray fabricate an incident report with authorization from X-block Lt, on Feb 25, 2016. This action by officer murray cause Plaintiff harm by incident Send me to Strip dry Cell in G-block. This Fabricated incident report caused me

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages. Plaintiff is asking to be transferred out of Lewisburg Smu program before retaliation occurs. The expunging of fabricated incident reports. And Compensation in actual (money) for damages in the amount of \$30,000 U.S. dollars.

| Pro Se 1 | (Rev. 12/16) |) Complain | t for a Civil | Case |
|----------|--------------|------------|---------------|------|
|----------|--------------|------------|---------------|------|

Plaintiff will let court decide relief in Bivens, if any.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

| | Date of signing: $May 18, 201/$ |
|----|--|
| | Signature of Plaintiff Printed Name of Plaintiff Erwest O. Glasper Ja. |
| В. | For Attorneys |
| | Date of signing: |
| | Signature of Attorney |
| | Printed Name of Attorney |
| | Bar Number |
| | Name of Law Firm |
| | Street Address |
| | State and Zip Code |
| | Telephone Number |
| | E-mail Address |

Case 1:18-cv-00068-YK-EB Document 1 Filed 01/10/18 Page 11 of 11 Inmate Name:

Register Number: # 09452-027

United States Penitentiary

P.O. Box 1000

Lewisburg, PA 17837

PETER U JEPULLER Ited States for the Middle

PENNSYL 235 North We

Clerk of

P.O. Box 11:

Scranton, 1